No. 2
-13-40
17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 14 1941

Registration District No. 449

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4267

State File No. 25405

Registrar's No.

1. PLACE OF DEATH:
(a) County: LACLEDE
(b) City or town: LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days) 0
In this community 10 YRS.

2. USUAL RESIDENCE OF DECEASED: 053 2
(a) State: Mo (b) County: LACLEDE
(c) City or town: LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No.: 203 N. Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years. 0

3. (a) PRINT FULL NAME: INEZ H STAPLES
3. (b) If veteran, name war:
3. (c) Social Security No. 500-01-5707
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: NEWELL I. STAPLES
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: MAR (Month) 8 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
48	4	13	____ hr. ____ min.

9. Birthplace: OTTUMWA (City, town, or county) IOWA (State or foreign country)
10. Usual occupation: HOUSE WIFE
11. Industry or business:
FATHER
12. Name: SAMUEL WILLIAMS
13. Birthplace: CARROL (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name: HATTIE L RUBLE
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: N. I. Staples
(b) Address: LEBANON Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 7 23 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: LEBANON Mo
18. (a) Signature of funeral director: PALMER'S
(b) Address: LEBANON Mo
19. (a) 7-22-41 (Date received local registrar) (b) S. A. McCoub (Registrar's signature)
11 Ill
T 4 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21 year 1941 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from 7/16, 1941, to 7/21, 1941; that I last saw h cv alive on 7/21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Left lobar pneumonia	2 days
Due to: Cardiac Decompensation	
Due to: Diabetes HC	6 yrs
Other conditions (Include pregnancy within 3 months of death): Carcinoma of descending colon c̄ partial obstruction	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Wm. J. Wailoja (M. D.) M.D.
Address: Lebanon Mo. Date signed: 7/22/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8/41/1285
Date Filed 8/12/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed R. O. Rohner

Licensed Embalmer No. 1161

P. O. Address Lebanon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.